

DEPARTMENT OF HUMAN SERVICES

CHILD SUPPORT SERVICES

CLIENT COMPLAINT

(Federal Regulation 45 CFR 303.35 Administrative Complaint Procedure)

If you have a child support case with Tennessee's child support program, and you believe that you have not been provided with the level or quality of service to which you are entitled under the rules and regulations of the Tennessee Department of Human Services or the Federal Office of Child Support Enforcement, you may wish to file a complaint by completing the following information and mailing it to:

OFFICE OF THE ASSISTANT COMMISSIONER CHILD SUPPORT SERVICES DEPARTMENT OF HUMAN SERVICES 400 DEADERICK STREET, 15TH FLOOR NASHVILLE, TN 37243-1403

Completion of this form does not replace any administrative hearing or appeal rights that you may be entitled.

Please provide the following information as completely as you can.

| Date: | - |
|---|-------------------|
| Name: | - |
| Social Security Number: | - |
| Your Address: | |
| Location of the child support office you use: | |
| Daytime Phone Number: | - |
| TCSES Case ID Number (If Known): | |
| Other Parent's Name: | |
| Other Parent's Social Security Number: | |
| My complaint, question, or concern is: | |
| | |
| | |
| (Use bac | k for more space) |
| Signed: | |

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